



*Fee only*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:  
Adrian Crisan

Serial No.: 10/039,048

Filed: December 31, 2001

For: DATA ENTRY DEVICE

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Group Art Unit: 2876

Examiner: Labaze, E.

Atty. Docket: 200302266-1  
NUHP:0176/FLE/SWA/POW

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

| CERTIFICATE OF TRANSMISSION OR MAILING<br>37 C.F.R. 1.8                                                                                                                                                                                                                                                                                                                                                |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| I hereby certify that this correspondence is being transmitted by facsimile to the United States Patent and Trademark Office in accordance with 37 C.F.R. 1.6(d) or is being deposited with the U.S. Postal Service as First Class Mail with sufficient postage in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on the date below: |                     |
| 08/12/2004                                                                                                                                                                                                                                                                                                                                                                                             | <i>Kerri Hyland</i> |
| Date                                                                                                                                                                                                                                                                                                                                                                                                   | Kerri Hyland        |

Sir:

**RESPONSE TO OFFICE ACTION**  
**MAILED ON MAY 25, 2004**

In response to the Office Action mailed on May 25, 2004, please reconsider the above referenced application in view of the following remarks and amendments.

18/17/2004 HMARZ11 00000030 082025 10039048

11 FC:1201 258.00 DA  
12 FC:1202 108.00 DA

09/02/2004 ADAVID 00000001 082025 10039048

01 FC:1202 90.00 DA

**RCE FILED 10/21/03**  
**PATENT APPLICATION FEE DETERMINATION RECORD**  
 Effective October 1, 2003

Application or Docket Number

**10/039048**

**CLAIMS AS FILED - PART I**

|                                                           | (Column 1)   | (Column 2)   |
|-----------------------------------------------------------|--------------|--------------|
| TOTAL CLAIMS                                              |              |              |
| FOR                                                       | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | minus 20 =   | *            |
| INDEPENDENT CLAIMS                                        | minus 3 =    | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

**8**

|                                                                         | (Column 1) |       | (Column 2)                         | (Column 3)    |
|-------------------------------------------------------------------------|------------|-------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT                                        |            |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total                                                                   | * 19       | Minus | ** 20                              | =             |
| Independent                                                             | * 3        | Minus | *** 3                              | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |       |                                    |               |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE   |    | RATE      | FEE   |
|-----------|-------|----|-----------|-------|
| BASIC FEE | \$385 | OR | BASIC FEE | \$770 |
| X\$9=     |       | OR | X\$18=    |       |
| X\$13=    |       | OR | X\$6=     |       |
| +145=     |       | OR | +90=      |       |
| TOTAL     |       | OR | TOTAL     |       |

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$9=            |                | OR | X\$18=           |                |
| X\$13=           |                | OR | X\$6=            |                |
| +145=            |                | OR | +90=             |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

**8/06/04**

|                                                                         | (Column 1) |       | (Column 2)                         | (Column 3)    |
|-------------------------------------------------------------------------|------------|-------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT                                        |            |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total                                                                   | * 19       | Minus | ** 20                              | =             |
| Independent                                                             | * 3        | Minus | *** 3                              | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |       |                                    |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$9=            |                | OR | X\$18=           |                |
| X\$13=           |                | OR | X\$6=            |                |
| +145=            |                | OR | +90=             |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|                                                                         | (Column 1) |       | (Column 2)                         | (Column 3)    |
|-------------------------------------------------------------------------|------------|-------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT                                        |            |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total                                                                   | * 31       | Minus | ** 20                              | = 11          |
| Independent                                                             | * 6        | Minus | *** 3                              | = 3           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |       |                                    |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$9=            |                | OR | X\$18=           | 198.00         |
| X\$13=           |                | OR | X\$6=            | 258.00         |
| +145=            |                | OR | +90=             |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE | 600            |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.